

## Retraction: Barlogie et al. Duration of Survival in Patients with Myeloma Treated with Thalidomide. N Engl J Med 2008;359:210-2.

**TO THE EDITOR:** We wish to retract our letter to the editor, "Duration of Survival in Patients with Myeloma Treated with Thalidomide," which was published in the *Journal* on July 10, 2008.<sup>1</sup> The content of this letter, submitted in February 2008 and accepted by the *Journal* in March 2008, largely duplicates the data that were published online by *Blood* on May 20, 2008.<sup>2</sup>

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1. Barlogie B, Shaughnessy JD Jr, Crowley J. Duration of survival in patients with myeloma treated with thalidomide. *N Engl J Med* 2008;359:210-2.

2. Barlogie B, Pineda-Roman M, van Rhee F, et al. Thalidomide arm of total therapy 2 improves complete remission duration and survival in myeloma patients with metaphase cytogenetic abnormalities. *Blood* 2008 May 20 (Epub ahead of print). DOI: 10.1182/blood-2008-03-145235.

## Zoledronic Acid Infusion and Orbital Inflammatory Disease

**TO THE EDITOR:** Bisphosphonates are being used increasingly for the prevention and treatment of osteoporosis, hypercalcemia of malignant disease, and other disorders of bone metabolism. Known ocular complications of bisphosphonates include conjunctivitis, anterior uveitis, episcleritis, and scleritis.<sup>1</sup>

A 57-year-old man presented with a 4-day history of increasing orbital pain and swelling in the right eye. Three days before the onset of symptoms, he had received an infusion of zoledronic acid bisphosphonate for spontaneous osteonecrosis of the knee. His medical history was otherwise unremarkable.

On examination, his visual acuity was 20/60 in his right eye (corrected to 20/16 with the use of a pinhole occluder) and 20/16 in his left eye. There was marked orbital swelling and 2 mm of proptosis in the right eye on Luedde proptometry.<sup>2</sup> His right-eye movements were reduced in all directions. He had conjunctival chemosis and inferior corneal punctate erosions in the right eye (Fig. 1), with a subtle, relative afferent pupillary defect.

An orbital computed tomographic scan showed extensive preseptal and postseptal fat stranding with proptosis in the right eye (Fig. 2). There was no orbital collection or sinus disease. Despite

high-dose intravenous antibiotic therapy for 5 days, there was no improvement.

A diagnosis of orbital inflammatory disease due to bisphosphonate infusion was made. Treatment with intravenous pulse methylprednisolone was initiated, with immediate improvement. After three doses, the patient's pain had resolved completely and the swelling had improved markedly. He was discharged while receiving decreasing doses of oral prednisone, and his condition continued to improve.

To our knowledge, there have been only three previously reported cases of orbital inflammatory disease due to bisphosphonates, and in each case,



**Figure 1.** Conjunctival Chemosis and Proptosis of the Right Eye on Initial Presentation.